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**FROM:** Susan D. Reinecke**PHONE:** 312.836.6192**SENT BY:** Arlette**EXTENSION:** 6257**LOCATION:** Chicago

<b>NUMBER OF PAGES, INCLUDING COVER:</b>	<b>15</b>		
<b>CLIENT-MATTER NUMBER:</b>	<b>018765-9001</b>	<b>SENDER'S ACCOUNT NUMBER</b>	<b>3047</b>

**NOTES/COMMENTS:**

In Re Application of Casini, Appln. No. 10/088,123


Filed: March 14, 2002, Art Unit 2687

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<b>TRANSMITTAL FORM</b>		Application Number		10/088,123			
		Filing Date		March 14, 2002			
		First Named Inventor		Andrea Casini			
		Art Unit		2687			
		Examiner Name		Un C Cho			
Total Number of Pages in This Submission		14		Attorney Docket Number		018765-9001	
<b>ENCLOSURES (check all that apply)</b>				<b>PETITION FOR EXTENSION OF TIME</b>			
<input checked="" type="checkbox"/> Amendment/Reply (12 pages) <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Before Final  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/Declarations         </div> <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO-1449 Form(s)  <input type="checkbox"/> Cited References         </div> <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.133(a) to extend the period for filing a reply in the above identified application. <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27.  <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$120.00 (37 CFR 1.17(a)(1)).  <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.         </div>			
<b>CLAIMS FEES</b>							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	19	-	20	=0	x 25=	\$	x 50=
Independent	2	-	3	=0	x 100=	\$	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290=
<b>FEES</b>							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input checked="" type="checkbox"/> Extension fee for one-month						\$120.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
<b>TOTAL FEES</b>						<b>\$120.00</b>	
<b>PAYMENT OF FEES</b>							
<input type="checkbox"/> A check in the amount of \$ is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$120.00. A duplicate copy of this transmittal is attached for this purpose.							
<b>SIGNATURE OF ATTORNEY</b>							
Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature			
				Date: November 14, 2005			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Alette Porter			
Signature				Date: 11/14/2005			

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CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
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<input type="checkbox"/> Terminal Disclaimer	\$0.00
<b>TOTAL FEES</b>	<b>\$120.00</b>

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Typed or printed name: <u>Arlette Porter</u>	Date: 11/14/2005
Signature: 